

1 YAVAPAI COUNTY ATTORNEY'S OFFICE  
2 JOSEPH C. BUTNER SBN 005229  
3 DEPUTY COUNTY ATTORNEY  
4 255 East Gurley Street  
5 Prescott, AZ 86301  
6 Telephone: 928-771-3344  
7 ycao@co.yavapai.az.us

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CLERK  
DEPUTY CLERK  
DEPOSITORY

2010 SEP 20 PM 2:55  
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Ivy Rios

DEPUTY CLERK

8  
9 **IN THE SUPERIOR COURT OF STATE OF ARIZONA**

10 **IN AND FOR THE COUNTY OF YAVAPAI**

11 **STATE OF ARIZONA,**

12 **Plaintiff,**

13 **v.**

14 **STEVEN CARROLL DEMOCKER,**

15 **Defendant.**

**CAUSE NO. P1300CR20081339**

**Division 6**

**STATE'S STIPULATION RE:  
DISTRIBUTION OF THE HARTFORD  
LIFE INSURANCE PROCEEDS**

16 The parties, by and through the attorneys undersigned, hereby stipulate the following facts and  
17 the appropriate exhibits that are Bates stamped and attached hereto:

- 18 1. At the time of her death, Carol Kennedy had two (2) Hartford Life insurance policies,  
19 to-wit: a 1998 policy n [REDACTED] in the amount of \$250,000.00, and a 2001 policy  
20 no [REDACTED] in the amount of \$500,000.00. On each life insurance policy, Carol  
21 Kennedy was the insured and Steven DeMocker (hereinafter "DeMocker") was the  
22 primary beneficiary. *Hartford Life Insurance Policies, Bates ## 25926-25928, 026082-  
23 026085.*
- 24 2. Disclaimers on the two life insurance policies were executed by Stephan DeMocker  
25 on March 3, 2009. The disclaimers irrevocably and unconditionally disclaimed any  
26

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**DIVISION 6**

- 1 and all interest in said policies and they were sent to Hartford Insurance Company on  
2 March 30, 2009. *Bates # 025851 & 025852.*
- 3 3. On April 13, 2009, proceeds from both life insurance policies were paid to the  
4 contingent beneficiaries. Hartford Insurance Company issued a check in the amount  
5 of \$256,830.58 to the Virginia C. Kennedy Testamentary Trust, Katherine DeMocker,  
6 Trustee, *Bates # 025811*, and a check for \$513,661.11 to the Estate of Virginia Carol  
7 Kennedy. *Bates # 026080.*
- 8 4. On August 12, 2009, \$453,984.89 was transferred from the Bank of America account  
9 for the Estate of Virginia Carol Kennedy, into the Bank of America account for the  
10 Virginia Carol Kennedy Testamentary Trust, Katherine DeMocker, Personal  
11 Representative and Trustee. *Bates ## 026304, 026586.*
- 12 5. On August 17, 2009, Katherine DeMocker withdrew \$354,737.54 from the  
13 Testamentary Trust account and deposited that amount into her personal bank  
14 account. *Bates ## 026304, 026586.*
- 15 6. On August 28, 2009, \$250,000.00 of the life insurance proceeds were wire transferred  
16 to the Osborn Maledon law firm and \$100,000.00 of the life insurance proceeds were  
17 wire transferred to John Sears, as payment of Democker's attorneys' fees.
- 18 7. Katherine DeMocker resigned as Trustee of the Testamentary Trust and she accepted  
19 the appointment of Renee Girard, as successor Trustee. *Bates # 025813, 025815.* On  
20 August 28, 2009, Renee Girard signed her acceptance as Successor Trustee of the  
21 Testamentary Trust. *Bates # 025816.*
- 22 8. On October 19, 2009, Renee Girard transferred an additional \$350,000.00 from the  
23 Testamentary Trust account to the joint bank account of Steven Democker and  
24  
25  
26

Charlotte DeMocker at Bank of America ( [REDACTED] ) Bates ##  
026310, 026476.

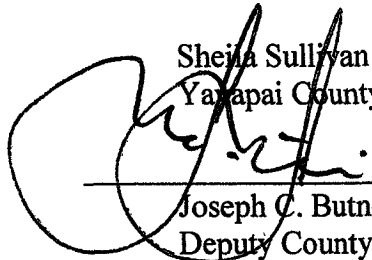
9. On October 23, 2009, \$250,000.00 of the life insurance proceeds were paid to the  
Osborn Maledon law firm and \$100,000.00 of the life insurance proceeds were paid  
to John Sears, as payment of Democker's attorneys' fees.

DATED this 20<sup>th</sup> day of September, 2010.

John Sears, Esq.

By: \_\_\_\_\_  
John Sears  
Attorney for Defendant

Sheila Sullivan Polk  
Yavapai County Attorney

  
\_\_\_\_\_  
Joseph C. Butner  
Deputy County Attorney

COPIES of the foregoing delivered this  
20<sup>th</sup> day of September, 2010. to:

Honorable Warren Darrow  
Division 6  
Yavapai County Superior Court  
(via email)

John Sears  
511 East Gurley Street  
Prescott, AZ 86301  
Attorney for Defendant  
(via email)

Larry Hammond  
Anne Chapman  
Osborn Maledon, P.A.  
2929 North Central Ave, 21<sup>st</sup> Floor  
Phoenix, AZ  
Attorney for Defendant  
(via email)

By: \_\_\_\_\_

1 Joseph C. Butner (SBN 005229)  
Deputy County Attorney  
2 [ycao@co.yavapi.az.us](mailto:ycao@co.yavapi.az.us)

3 Attorneys for STATE OF ARIZONA

4 **IN THE SUPERIOR COURT OF THE STATE OF ARIZONA**  
5 **IN AND FOR THE COUNTY OF YAVAPAI**

6  
7 **STATE OF ARIZONA,**

8 Plaintiff,

9 vs.

10 **STEVEN CARROLL DeMOCKER,**

11 Defendant.  
12

**CAUSE NO. P1300CR20081339**

Division 6

**ORDER**

13 Pursuant to the Stipulation of the parties and for good cause appearing:

14 **IT IS HEREBY ORDERED** that the stipulation regarding the Hartford Life Insurance  
15 process is admitted into evidence in this trial without objection by either party.  
16

17 ORDERED THIS \_\_\_\_\_ day of September, 2010

18  
19 \_\_\_\_\_  
20 Warren R. Darrow,  
Judge of the Superior Court  
21  
22  
23  
24  
25  
26

☐ Hartford Life Insurance Company  
☐ IT Hartford Life and Annuity Insurance Company

  
**THE  
HARTFORD**

1. Proposed Insured (Last, First, Middle) <b>Kennedy, Carol</b>		2. Social Security Number [REDACTED]	3. Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F
4. Date of Birth <b>7/25/54</b>	5. Place of Birth <b>Nashville TN</b>	6. Address (Street, City, State, Zip) <b>7485 Bridle Path Prescott AZ 86305</b>	
7. Employer's Name and Address <b>Prescott College Prescott AZ 86201</b>		8. Occupation and Duties <b>Professor; Teaching + advising</b>	
9. Annual Income \$ <b>40,000</b> Net Worth \$ <b>150,000</b>		10. Amount of Existing Life Insurance <del>500,000</del> <b>\$350,000</b>	
11. Was this coverage to replace existing coverage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, please explain) (Life insurance or annuities)			
12. Within the past 5 years, have you used any form of tobacco or nicotine (for example - cigarettes, cigars, pipes, chewing tobacco, nicotine gum, nicotine patch or nasal spray)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  If Yes, check the timeframe which indicates your most recent use: Within 12 months <input type="checkbox"/> Within 3 Years <input type="checkbox"/> Within 5 Years <input type="checkbox"/>			
13. It is best to contact me at the following time and phone number: best time <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM phone number <b>(520) 776-8761</b>			

14. Beneficiary(ies) <b>Steven DeMcker</b>	Relationship to Proposed Insured <b>spouse</b>	% of Death Benefit <b>100%</b>
15. Contingent Beneficiary(ies) <b>Trust created under will dt 11/23/85 FBO Katherine DeMcker + Charlotte DeMcker daughters</b>	Relationship to Proposed Insured <b>6-23-98</b>	% of Death Benefit <b>100%</b>

16. Plan of Insurance <b>Level Term</b>	17. Face Amount <b>250,000</b>	18. Premium Payment Mode <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other	19. Additional Benefits
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Complete only if Owner is other than Proposed Insured

20. Policy Owner (Last, First, Middle) <b>DeMcker, Steven Carroll</b>	21. Social Security Number [REDACTED]	22. Relationship to Proposed Insured <b>spouse</b>
23. Billing Address (Street, City, State, Zip) <b>7485 Bridle Path Prescott AZ 86305</b>		24. Owner is: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trustee

25. Special Requests
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☒ Hartford Life Insurance Company  
☐ ITT Hartford Life and Annuity Insurance Company



## SUPPLEMENT TO APPLICATION

Explain "yes" answers in the space provided.		YES	NO
1. Have you had insurance rejected or offered with an extra premium? If "yes", explain:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you been convicted of, pleaded guilty or no contest to driving under the influence of alcohol and/or drugs, speeding, reckless driving or had your license suspended in the past? Nature of offense <u>NA</u> Date offense occurred <u>NA</u>		1 year <input type="checkbox"/> 2 years <input type="checkbox"/> 3 years <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
3. Have you ever been convicted of, pleaded guilty or no contest to a felony or misdemeanor other than a minor traffic violation? Nature of offense _____ Date offense occurred _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are you a member or do you intend to become a member, of the armed forces, including the Reserve? If "yes", explain:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Do you intend to travel outside the U.S. or Canada within the next two years? If "yes", explain: <u>HOPES TO GO TO EUROPE NEXT SUMMER 1999 2 WEEKS-WHATEVER SHE CAN AFFORD</u> <u>-- END OF PREVIOUS QUES. --</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Do you participate in aerobics (hang-gliding, soaring, sky-diving, ballooning, etc.)? If "yes", explain:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Jumps/flights per year	Total # of jumps/flights	Name of Club	Date Last Jump/Flight
7. Do you race, test or stunt drive automobiles, motor-cycles, motor boats, or jet powered vehicles, or do you use or race snow mobiles, dirt bikes, dune buggies, etc.? If "yes", complete below:		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Type of vehicle	Type of terrain/course	# of Races or Uses/year	Date of Last Race or Use

Form HL-10895

5 7

5553 662 209 1 502 799 0450

CAROL C KENNEDY

ON XVI

STOCKHOLM

025927

Model USA

NY 15:13 KEX 86-01-55V

Explain "yes" answers in space provided.				YES NO
8. Do you participate in para or scuba diving? If "yes", complete below:				<input type="checkbox"/> <input checked="" type="checkbox"/>
Depth of Dives	# of Times per Year	Name of Club	Date of Last Dive	
9. Do you participate in any other hazardous sports or activities (mountain climbing, competitive skiing, rodeos, etc.)? If "yes", explain:				<input type="checkbox"/> <input checked="" type="checkbox"/>
10. Have you ever engaged in or do you plan to engage in any aviation activity other than as a fare-paying passenger? If "yes" complete the remainder of this section.				<input type="checkbox"/> <input checked="" type="checkbox"/>
11. What types and kinds of planes do you fly or intend to fly?				
PERSON	FLIGHT STATUS	PILOT-MILITARY OR RESERVE	PILOT-CIVILIAN	CREW MEMBER
	Hours flown Past 12 Mos.			
	Hours flown 1-12 mos. ago			
	Hours flown 13 Months			
Total Solo Hours		Total Hours Flown as a Pilot		Date of Last Flight
12. Type of Pilot's Certificate(s) or Rating(s)? (check as appropriate) <input type="checkbox"/> Student <input type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> AFR <input type="checkbox"/> IFR Year Issued: _____				
13. If aviation avocation does not qualify for aviation coverage without additional premium, issue policy as follows: <input type="checkbox"/> Aviation Coverage with Extra Premium <input type="checkbox"/> Aviation Exclusion Rider				
REMARKS - IDENTIFY QUESTION, PROPOSED INSURED, AND ADDITIONAL DETAILS				

I hereby declare to the best of my knowledge and belief that the foregoing answers are complete and true. I agree that the information given herein shall supplement and shall become a part of my application for insurance.

Dated at Proctor, N.H. this 12 day of Aug, 1982  
 Witness Nancy R. Hester Proposed Insured [Signature]

Form 211-1 (1982)

CAROL C KENNEDY

01 4

0510 ESE 223 E CR IV:

0510V1304

025928

NY 15 11 SCH 86-01-154

- ☐ Hartford Life Insurance Company  
☐ Hartford Life and Annuity Insurance Company

Hartford Life

1. Proposed Insured (Last, First, Middle) <b>Kennedy, CAROL V</b>		2. Social Security Number [REDACTED]	
3. Date of Birth <b>07/25/54</b>	4. City & State of Birth <b>Nashville, TN</b>	5. Address (Street, City, State, Zip) <b>1915 Bridge Park, Prescott, AZ 86305</b>	
6. Employer's Name and Address <b>Home Maker</b>		7. Occupation and Duties <b>Home Maker</b>	
8. Annual Income \$ <b>400,000 (household)</b> Net Worth \$ <b>500,000 (household)</b>		9. Amount of Existing Life Insurance <b>Hartford and through husband's employer</b>	
10. Will this coverage be replacing existing coverage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, please give policy details)			
11. Within the past 5 years, have you used any form of tobacco or nicotine (for example: cigarettes, cigars, pipes, chewing tobacco, nicotine gum, nicotine patch or nasal spray)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
12. If Yes, check the timeframe which indicates your most recent use: Within 12 months <input type="checkbox"/> Within 1 Year <input type="checkbox"/> Within 5 Years <input type="checkbox"/>			
13. It is best to contact me at the following time and phone number: best time <input type="checkbox"/> AM <input type="checkbox"/> PM phone number <b>1520 176-8761</b>			

14. Beneficiary(ies)	Relationship to Proposed Insured	% of Death Benefit
<b>STEVEN C DEMOCKER</b>	<b>SPOUSE</b>	<b>100%</b>
15. Contingent Beneficiary(ies)	Relationship to Proposed Insured	% of Death Benefit

16. Plan of Insurance <b>Level Term</b>	17. Face Amount <b>500,000</b>	18. Premium Payment Mode <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other	19. Additional Benefits
--	-----------------------------------	---	-------------------------

Complete only if Owner is other than Proposed Insured.

20. Policy Owner (Last, First, Middle) <b>DEMUCKER, STEVEN C</b>	21. Social Security Number [REDACTED]	22. Relationship to Proposed Insured <b>SPOUSE</b>
23. Mailing Address (Street, City, State, Zip) <b>1405 BAKER FRI PRESCOTT AZ 86305</b>		24. Owner is: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trustee

25. Special Request
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026082



**III. AGREEMENT AND ACKNOWLEDGMENT**

Each of the undersigned declares that the statements and answers contained in this application are complete and true to the best of each person's knowledge and belief, and each agrees that coverage can take effect only if the Proposed Insured is alive and of sound mind at the date the policy is delivered and paid for. We agree that the statements and answers contained in this application shall form the basis of any contract for the insurance that may be issued; and, a copy of this application shall be attached to and made part of the policy.

We understand that no insurance coverage will be issued or become effective until additional satisfactory evidence of insurability is obtained.

We agree that only an Officer of the Company may alter the terms of this application, the policy, or waive any of the Company's rights or requirements.

Signed: [Signature] 12 22 Jan 2001  
[Signature]  
(Parent or Guardian if under 18 years of Age) Signature of Applicant (Parent or other than Proposed Insured)

Do you as licensed agent have reason to believe the policy applied for will replace existing annuities or life insurance?  
Yes ☐ No ☒

Policy Code: FD-1 3000  
01-775-7751 / Rev 779-2771  
Agent's Home Number / Fax Number

[Signature]  
Agent's Signature  
[Signature]  
Agent's Signature

**IV. AUTHORIZATION TO OBTAIN, RELEASE, AND DISCLOSE INFORMATION**

I authorize Hartford Life Insurance Company of Hartford, Ltd. and Annuity Insurance Company (Hartford) to complete a Personal History Interview and establish an Investigative Consumer Report on me. I authorize the release of any medical or non-medical information that relates to: (1) past or current health conditions including chronic diseases; chronic conditions; disorders; symptoms; or injuries; (2) current visits to any hospital; medical facility; or medical office; (3) current treatment in any hospital; medical facility; or medical office; or clinic; (4) treatment for alcohol abuse; drug abuse; or mental health provided by Federal Law.

This information may be released to any doctor, medical specialist, health care provider, therapist, counselor, hospital, clinic, attorney, insurer, or other person or entity who has a need to know for the purpose of determining eligibility for insurance under a new or an existing policy.

This information may be released to Hartford or to their legal representative. I understand that the HLI will release records of information only to Hartford.

Hartford may release the information to third parties for their own use, the HLI, any other insurer, or company to whom I apply for life insurance, or other person or entity for purposes of underwriting or for any other purpose in connection with this application or a claim. Except as specified, this information will not be given, sold or transferred to any person without first obtaining my consent. This consent may be written and date the use and the need for such information.

I understand that if I request details about any of the medical information gathered about me which relates to this application, (a) the medical information and, (b) the identity of the medical care institution or the medical person who provided the information, shall be released to me or to a licensed medical person of my choice.

Upon written request, I will receive a copy of the medical information that I am entitled to access, correct and amend any information gathered about me which relates to this application. I will receive a copy of the information that I am entitled to access, correct and amend. A photocopy of this document is as valid as the original. When requested in writing, I will receive a copy of this form. This copy of the form shall be valid for one year from the date of the contract or, one year from the date below, if no contract has yet been issued.

Dated January 22, 2001 Signed [Signature]  
(Parent or Guardian if under 18 years of Age)

Form HL-1000(10)

Print in U.S.A.

026083

THE HARTFORD

Carol Kennedy

SUPPLEMENT TO APPLICATION

Explain "yes" answers in the space provided.				YES	NO
1. Have you had insurance rejected or offered with an extra premium? If "yes", explain:				<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Have you been convicted of pleaded guilty or no contest to driving under the influence of alcohol and/or drugs, speeding, reckless driving or had your license suspended in the past? Nature of offense: _____ Date offense occurred: _____ (AZ) DL# 4147167402				yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>
3. Have you ever been convicted of, pleaded guilty or no contest to a felony or misdemeanor other than a minor traffic violation? Nature of offense: _____ Date offense occurred: _____				<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are you a member, or do you intend to become a member, of the armed forces, including the Reserves? If "yes", explain:				<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Do you intend to travel outside the U.S. or Canada within the next one year? If "yes", explain: going to Ireland for vacation (through husband's work) June 2001, Avg stay 6 days.				<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Do you participate in recreational (jump-gliding, sailing, sky-diving, ballooning, etc.)? If "yes", explain:				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Jump/flights per year	Year of Jump/flights	Name of Club	Date Last Jump/Flight		
7. Do you sail, rent or own a fire extinguisher, motorcycle, motor boat, or jet powered vehicle, or do you use or race power motors, jet boats, duck buggies, etc? If "yes", complete below:				<input type="checkbox"/>	<input checked="" type="checkbox"/>
Type of vehicle	Type of license/endorsement	# of Races or Uses/year	Date of Last Race or Use		

I hereby declare to the best of my knowledge and belief that the foregoing answers are complete and true. I agree that the information given herein shall supplement and shall become a part of my application for insurance.

Prescott AZ 85001  
Cheryl Soto LP  
Cheryl Soto LP  
Carol Kennedy

726085

DISCLAIMER

I, Steven C. DeMocker, as named beneficiary under and owner of that certain life insurance policy identified as Policy No. [REDACTED] (in a face or basic policy coverage amount of \$250,000) issued by Hartford Life and Annuity Insurance Company, and insuring Carol Kennedy (whose full name is Virginia Carol Kennedy, and who died on or about July 2, 2008), hereby irrevocably and unconditionally disclaim any and all interest in said policy as beneficiary and owner, including any and all right and interest to the death benefit and/or proceeds payable under the policy by reason of the death of the insured, Carol Kennedy. This disclaimer is executed pursuant to Arizona's Uniform Disclaimer of Property Interests Act, A.R.S. §§ 14-10001, et seq., and, more particularly, the provisions of A.R.S. § 14-10006(A)(2). Further, I hereby authorize and direct delivery and/or filing of this disclaimer in the appropriate manner provided in A.R.S. § 14-10012.

Dated: Mar 3, 2009

Steven C. DeMocker  
Steven C. DeMocker, as Beneficiary and  
Owner of Policy No. [REDACTED]

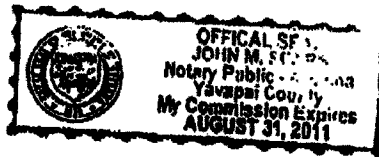
STATE OF ARIZONA     )  
                                  ) ss.  
County of Yavapai     )

The foregoing instrument was acknowledged before me this 3d day of March, 2009, by STEVEN C. DEMOCKER.

[Signature]  
Notary Public

My commission expires:

8/31/11



025851

**DISCLAIMER**

I, Steven C. DeMocker, as named beneficiary under and owner of that certain life insurance policy identified as Policy No. [REDACTED] (in a face or basic policy coverage amount of \$500,000) issued by Hartford Life and Annuity Insurance Company, and insuring Carol Kennedy (whose full name is Virginia Carol Kennedy, and who died on or about July 2, 2008), hereby irrevocably and unconditionally disclaim any and all interest in said policy as beneficiary and owner, including any and all right and interest to the death benefit and/or proceeds payable under the policy by reason of the death of the insured, Carol Kennedy. This disclaimer is executed pursuant to Arizona's Uniform Disclaimer of Property Interests Act, A.R.S. §§ 14-10001, et seq., and, more particularly, the provisions of A.R.S. § 14-10006(A)(2). Further, I hereby authorize and direct delivery and/or filing of this disclaimer in the appropriate manner provided in A.R.S. § 14-10012.

Dated: Mar 3, 2009

Steven C. DeMocker  
Steven C. DeMocker, as Beneficiary and  
Owner of Policy No. [REDACTED]

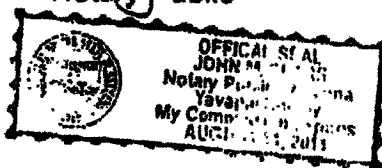
STATE OF ARIZONA     )  
                                      ) ss.  
County of Yavapai     )

The foregoing instrument was acknowledged before me this 3<sup>rd</sup> day of March, 2009, by STEVEN C. DEMOCKER.

[Signature]  
Notary Public

My commission expires:

6/31/11



025852

Amount: \$236,970.56  
Account: [REDACTED]  
Bank Number: [REDACTED]

Sequence Number: [REDACTED]  
Capture Date: 04/23/2009  
Check Number: 513566

Hartford Life and Annuity  
Individual Life Operations  
PO Box 64582 - St. Paul, MN 55164-0582  
Telephone (763) 255-7000

50-937  
213



Co Source Check req Policy number  
102 J jcdde [REDACTED]

Check date Check no.  
04/13/2009 0000513566

PAY\*\*\*Two Hundred Fifty Six Thousand Eight Hundred Thirty Dollars And 56/100\*\*\*

JPMorgan Chase Bank  
6040 Tarbell Road  
Syracuse, New York 13206  
VOID IF NOT CASHED IN 180 DAYS

\$256,830.56\*\*\*\*

To the order of:

VIRGINIA C KENNEDY TESTAMENTARY TRUST  
212 E GURLEY ST  
PRESCOTT AZ 86301

*John M. Minoli*  
Authorized Signature

[REDACTED]

[REDACTED]

[REDACTED]

DO NOT WRITE IN THESE SPACES  
DO NOT SIGN OR WRITE IN THESE SPACES  
HOLD TO LIGHT TO  
VERIFY WATERMARK  
Endorsement of this check certifies endorsement to this payment  
for benefits or services. False representations could result in  
civil or criminal penalties.  
CREDITED TO THE ACCOUNT OF  
THE WITHIN NAMED PAYEE  
BANK OF AMERICA, N.A.  
ACCOUNT NO. [REDACTED]

0035 50135

BANK OF AMERICA, N.A. IFE  
1221617464 E321 96 P46  
4/23/09

025811

102 04/13/09 jcdde

KATHERINE G DEMOCKER, PERSONAL REPRESENTATIVE  
Insured: Virginia C Kennedy

Death Benefit

Retain this document for tax purposes.

Hartford Life and Annuity

Individual Life Operations

PO Box 64582 - St. Paul, MN 55164-0582

Telephone (763) 255-7000

50-937

213



Co Source

Check req

Policy number

Check date

Check no.

102

jcdde

04/13/2009

0000513567

PAY\*\*Five Hundred Thirteen Thousand Six Hundred Sixty One Dollars And 11/100\*\*

JPMorgan Chase Bank

6040 Tarbell Road

Syracuse, New York 13206

VOID IF NOT CASHED IN 180 DAYS

To the order of:

KATHERINE G DEMOCKER, PERSONAL REPRESENTATIVE  
OF THE ESTATE OF VIRGINIA C KENNEDY  
212 E GURLEY ST  
PRESCOTT AZ 86301

\$513,661.11\*\*\*\*\*

*John M. Demock*

VIRGINIA CAROL KENNEDY TESTAMENTARY  
TRUST DTD JULY 2, 2008  
KATHERINE G. DEMOCKER, TRTEE

Page 2 of 3  
Statement Period  
08/01/09 through 08/31/09  
EO P 1A 0A 51  
Enclosures 0  
Account Number [REDACTED]

### Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	[REDACTED]	374,269.98	Average	08-28
Total Qualifying Balance		\$374,269.98		

Thank you for banking with us. With the balances in your accounts, there is no monthly maintenance fee for your Business Advantage account this month.

### Deposits and Credits

Date Posted	Amount (\$)	Description	Bank Reference
08/12	453,984.89	Online Banking transfer from Chk 6975 Confirmation# [REDACTED]	[REDACTED]

### Withdrawals and Debits

#### Other Debits

Date Posted	Amount (\$)	Description	Bank Reference
08/17	1,340.37	Counter Debit	[REDACTED]
08/17	354,737.54	Online Banking transfer to Chk 7592 Confirmation# [REDACTED]	[REDACTED]

### Daily Ledger Balances

Date	Balance (\$)	Date	Balance (\$)	Date	Balance (\$)
08/01	256,830.56	08/12	710,816.45	08/17	354,737.54



KATHERINE G DEMOCKER

H  
Combined Statement  
Page 2 of 6  
Statement Period  
07-29-09 through 08-26-09  
B 17 E A E PA 17  
Number of checks enclosed: 0

## Deposit Accounts

### CampusEdge Checking

KATHERINE G DEMOCKER

### Your Account at a Glance

Account Number  
Beginning Balance on 07-29-09  
Deposits and Other Additions  
ATM and Debit Card Subtractions  
Service Charges and Other Fees  
Other Subtractions  
Ending Balance on 08-26-09

\$  
+  
-  
-  
-  
\$

Your account has overdraft protection provided by  
Deposit Account number

### CampusEdge Checking Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Bk of America ATM 08/08 #000001731 Deposit	08-10	
Eagle Rock Los Angeles CA		
Online Banking transfer from Chk	08-17	
Confirmation#		

Total Deposits and Other Additions \$355,321.20

### CampusEdge Checking Subtractions

ATM and Debit Card Subtractions	Date Posted	Amount(\$)
	07-29	49.70
	07-30	13.14
	07-31	10.70
	08-03	36.78
	08-03	30.00
	08-03	22.00
	08-04	63.38
	08-04	18.63
	08-04	10.50
	08-05	16.27
	08-06	23.54
	08-06	11.61

026586

VIRGINIA CAROL KENNEDY TESTAMENTARY  
TRUST DTD JULY 2 2004  
KATHERINE G. DEMOCKING, TRF

Page 2 of 3  
Statement Period  
08/01/09 through 08/31/09  
EO P 1-A 0A 51  
Enclosures 0  
Account Number [REDACTED]

**Your Business Advantage Pricing Relationship**

Account Name	Account Number	Qualifying Balance (\$)	Type of Balance	Date
Business Advantage Checking	[REDACTED]	374,269.98	Average	08-28
Total Qualifying Balance		\$374,269.98		

Thank you for banking with us. With the balances in your accounts, there is no monthly maintenance fee for your Business Advantage account this month.

**Deposits and Credits**

Date Posted	Amount (\$)	Description	Bank Reference
08/12	453,984.89	Online Banking transfer from Ctlk 6975 [REDACTED]	[REDACTED]

**Withdrawals and Debits**

**Other Debits**

Date Posted	Amount (\$)	Description	Bank Reference
08/17	1,340.87	Counter Debit	[REDACTED]
08/17	354,737.54	Online Banking transfer to Ctlk 7592	
		Confirmation [REDACTED]	

**Daily Ledger Balances**

Date	Balance (\$)	Date	Balance (\$)	Date	Balance (\$)
08/01	256,830.56	08/12	710,815.45	08/17	354,737.54

026304

KATHERINE G DEMOCKER

Combined Statement  
 Page 2 of 6  
 Statement Period  
 07/29/09 through 08/26/09  
 B 17 E A E PA 17  
 Number of checks enclosed 0

## Deposit Accounts

### CampusEdge Checking

KATHERINE G DEMOCKER

### Your Account at a Glance

Account Number		
Beginning Balance on 07-29-09	\$	
Deposits and Other Additions	+	
ATM and Debit Card Subtractions	-	
Service Charges and Other Fees	-	
Other Subtractions	-	
Ending Balance on 08-26-09	\$	

Your account has overdraft protection provided by  
 Deposit Account number

### CampusEdge Checking Additions

Deposits and Other Additions	Date Posted	Amount(\$)
	08/10	583.66
	08/17	354,737.54

Total Deposits and Other Additions \$355,321.20

### CampusEdge Checking Subtractions

ATM and Debit Card Subtractions	Date Posted	Amount(\$)
	07-29	49.70
	07-30	13.14
	07-31	10.70
	08-03	36.78
	08-03	30.00
	08-03	22.00
	08-04	63.38
	08-04	18.63
	08-04	10.50
	08-05	16.27
	08-06	23.34
	08-06	12.61

026586

**RESIGNATION OF TRUSTEE**  
**ACCEPTANCE OF RESIGNATION**  
**AND**  
**APPOINTMENT OF TRUSTEE**

CERTIFIED TO BE A TRUE AND EXACT  
COPY OF THE ORIGINAL DOCUMENT  
BANK OF AMERICA, N.A.  
PRODOTT (COMMERCIAL BANKING)

BY [Signature]  
NAME & TITLE

**RESIGNATION OF TRUSTEE**

Pursuant to A.R.S. § 14-10705, I, KATHERINE G. DEMOCKER, the duly acting and appointed Trustee of the VIRGINIA CAROLINE KENNEDY TESTAMENTARY TRUST, Dated July 2, 2008 (Attached as Exhibit "A") (the "Trust"), provide notice as of August 5, 2009, that I shall resign as Trustee of the Trust, effective August 15, 2009 or the date of Acceptance of a Successor Trustee, whichever is later, with the assent and approval of the Qualified Beneficiaries of the Trust, pursuant to the terms of A.R.S. § 14-10704.

DATED effective the 5th day August, 2009.

[Signature]  
Katherine G. DeMocker

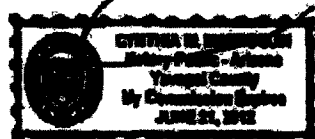
STATE OF ARIZONA     )  
                                  ) ss.  
County of Yavapai     )

The foregoing acceptance was acknowledged before me this 17th day of August, 2009, by Katherine G. DeMocker, for the purpose stated therein.

[Signature]  
Notary Public

My Commission Expires:


6/21/2012




**ACCEPTANCE OF RESIGNATION**  
**and**  
**APPOINTMENT OF TRUSTEE**

We, the undersigned Qualified Beneficiaries, or legal representatives of the Qualified Beneficiaries of the VIRGINIA CAROLINE KENNEDY TESTAMENTARY TRUST, Dated July 2, 2008 (the "Trust"), pursuant to A.R.S. § 14-10704(C)(2), accept KATHERINE G. DEMOCKER's Resignation as Trustee of the Trust, forever releasing and holding her, her heirs, successors, representatives and assigns harmless from any and all liability related to such Resignation, and hereby consent to the Appointment of RENEE GIRARD, currently of 1716 Alpine Meadows Lane, #1405, Prescott, Arizona 86303, as Trustee of the Trust.

DATED this 10 day of July, 2009.

  
Steven A. DelMocker, Guardian of  
Charlotte R. DelMocker  
c/o John M. Sears, Esq.  
107 North Cortez Street, #104  
Prescott, Arizona 86301


  
Renee Girard, Lawfully acting under  
Parental Power of Attorney for  
Charlotte R. DelMocker  
1716 Alpine Meadows Lane, #1405  
Prescott, Arizona 86303

  
Katherine G. Democker

**ACCEPTANCE AS TRUSTEE**


The undersigned acknowledges the Resignation of KATHERINE G. DEMOCKER, as Trustee of the VIRGINIA CAROLINE KENNEDY TESTAMENTARY TRUST, Dated July 2, 2008 (the "Trust"), and hereby accepts the Appointment as Trustee of the Trust pursuant to the terms of the Trust, all as of the date of the this instrument, the effective date of the Resignation and Acceptance.

DATED this 28th day of August, 2009.

  
Renee Girard

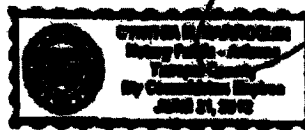
STATE OF ARIZONA     )  
                                  ) ss.  
County of Yavapai     )

The foregoing acceptance was acknowledged before me this 28th day of August, 2009, by Renee Girard, for the purpose stated therein.

  
Notary Public

My Commission Expires:

6/21/2012



VIRGINIA CAROLINE KENNEDY  
 TESTAMENTARY TRUST DTD JULY 2 2008  
 RENEE GIRARD TTEE

Page 2 of 3  
 Statement Period  
 10/01/09 through 10/31/09  
 E0 P PA 0A 51  
 Enclosures 0  
 Account Number [REDACTED]

### Your Business Advantage Pricing Relationship

Account Name	Account Number	Qualifying Type of Balance (\$)	Balance	Date
Business Advantage Checking	[REDACTED]	226,404.20	Average	10-29
Total Qualifying Balance		\$226,404.20		

Thank you for banking with us. With the balances in your accounts, there is no monthly maintenance fee for your Business Advantage account this month.

### Withdrawals and Debits

#### Other Debits

Date Posted	Amount (\$)	Description	Bank Reference
10/19	350,000.00	AZ Tlr transfer to Chk 6024 Banking Ctr Prescott Downtown [REDACTED]	[REDACTED]

### Daily Ledger Balances

Date	Balance (\$)	Date	Balance (\$)
10/01	354,737.54	10/19	4,737.54

STEVEN DEMOCKER  
CHARLOTTE DEMOCKER

Combined Statement  
Page 2 of 5  
Statement Period  
10-08-09 through 11-04-09  
B 04 E A E PA 4  
Number of checks enclosed: 0

### Deposit Accounts

Hello Kitty 1.800.696.6346 - Customer Service  
CampusEdge Checking

STEVEN DEMOCKER CHARLOTTE DEMOCKER

### Your Account at a Glance

Account Number	
Beginning Balance on 10-08-09	\$ 12.83
Deposits and Other Additions	+ 350,748.95
ATM and Debit Card Subtractions	- 346.66
Service Charges and Other Fees	- 25.00
Other Subtractions	- 350,002.53
Ending Balance on 11-04-09	\$ 387.59

### CampusEdge Checking Additions and Subtractions

Date Posted	Amount(\$)	Resulting Balances(\$)	Transactions
10-09	200.00 +	212.83	
10-13	160.00-	52.83	
10-13	16.50-	36.33	
10-13	9.50-	26.83	
10-13	8.13-	18.70	
10-13	1.87-	16.83	
10-19	350,000.00 +	350,016.83	
10-19	25.00 +	350,041.83	
10-22	23.29 +	350,065.12	
10-23	25.00-	40.12	
10-26	14.34-	25.78	
10-26	0.66-	25.12	
10-27	0.66 +	25.78	
10-27	15.00-	10.78	